

UTILITY PATENT APPLICATION TRANSMITTAL		<i>Attorney Docket No.</i> DEP759NP									
(only for new nonprovisional applications under 37 CFR 1.53(b))		<i>First Inventor</i> RAY WASIELEWSKI, M.D.									
		<i>Title</i> APPARATUS, SYSTEM & METHOD FOR INTRAOPERATIVE PERFORMANCE ANALYSIS DURING JOINT ARTHROPLASTY									
		<i>Express Mail Label No.</i> EU048062790US									
APPLICATION ELEMENTS <i>See MPEP Chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231									
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 32] (Preferred arrangement set forth below)</p> <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s)(35 USC 113) [Total Sheets 9]</p> <p>5. Oath or Declaration [Total Pages 3]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>c. <input type="checkbox"/> Unexecuted (original or copy)</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>18. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: , filed .</p> <p>Prior application information: Examiner Group Art Unit:</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p> <p>19. CORRESPONDENCE ADDRESS</p> <p><input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input type="checkbox"/> Correspondence Address below</p> <p>Name: Philip S. Johnson, Esq. Address: Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA</p> <p>20. TELEPHONE CONTACT</p> <p>Please direct all telephone calls or telefaxes to Stephen J. Manich at: Telephone: (574) 372-7796 Fax: (574) 372-7596</p> <p>21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</p> <table border="1" style="width: 100%;"> <tr> <td>NAME</td> <td>Stephen J. Manich</td> <td>Reg. No. 30,657</td> </tr> <tr> <td>SIGNATURE</td> <td colspan="2"></td> </tr> <tr> <td>DATE</td> <td colspan="2">September 22, 2003</td> </tr> </table>			NAME	Stephen J. Manich	Reg. No. 30,657	SIGNATURE			DATE	September 22, 2003	
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SIGNATURE											
DATE	September 22, 2003										

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FEE TRANSMITTAL

Complete if Known	
Application Number	
Filing Date	
First Named Inventor	RAY WASIELEWSKI M.D.
Group Art Unit	
Examiner Name	
Attorney Docket Number	DEP759NP

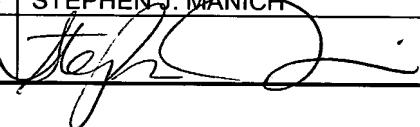
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$750.00
TOTAL CLAIMS	42 - 20 =	22	X 18.00	\$396.00
INDEPENDENT CLAIMS	7 - 3 =	4	X 84.00	\$336.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$1482.00

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/DEP759NP/SJM in the amount of \$1482.00.
Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/DEP759NP/SJM. Three copies of this sheet are enclosed.

SUBMITTED BY:		Complete (if applicable)
Typed or Printed Name	STEPHEN J. MANICH	Reg. No. 30,657
Signature		Date: 09-22-03 Deposit Account No. 10-0750